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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of PCT/US94/00757 01/21/1994  
 and is a CIP of 08/009,268 01/22/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/20/1995**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

GANGLIOSIDE-KLH CONJUGATE VACCINES PLUS QS-21

<b>FILING FEE RECEIVED</b> 1273	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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